

## **Timeshare Salesperson Application**

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TIMESHARE SECTION P.O. BOX 9048 OLYMPIA, WA 98507-9048 (360) 664-6632 FAX (360)570-4956 E-MAIL: plssunit@dol.wa.gov dol.wa.gov

FOR VALIDATION ONLY	

			001-000-21805		
lacksquare Original Application	\$25.00		Make remittance navable to State Treasur		
☐ Renewal	\$25.00		Make remittance payable to State Treasure Send this application with your remittance to Department of Licensing		
☐ Transfer	\$25.00				
	<b>4</b> _0.00		PO Box 9048 Olympia, WA 98507-9048		
Applicant Information	Diago to	ina ar print alaarl			
Applicant Information	Please ty	pe or print clearly	/		
Applicant Name					
			MIDDLE		
Tresidence Mailing Address _					
City		State	Zip		
Check one: WA Resident	☐ Non-resident		Date of Birth//		
Residence Telephone No.\			Gender: Male Female		
Social Security No. (Required pe	er RCW 26.23.150)				
Previous registration date, na	me, and license reference	number:			
<b>Company Information</b>					
T					
Timeshare Name					
Mailing Address					
0.1	Olata	<b>7</b> ' .	Talanka a Na (		
City	State	ZIP _	Telephone No.( AREA CODE		
Project Address					
City		State	Zip		
Upon Fili	ing, This Application	n Becomes a	a Public Record and is		
			ns Under RCW 42.56		
For Office Use Only					
Comments					

A	oplicant Personal Data			
1.	Have you been convicted of a crime, misdemeanor or fel- the federal government, or any other jurisdiction within the		□Yes	□No
2.	Is there a criminal complaint, accusation, or information are you currently under indictment in this state, any other or any other jurisdiction?		□Yes	□No
3.	Has any professional or occupational license, certification suspended, revoked, refused or denied in this state, any ot or any other jurisdiction?			□No
4.	Have you ever had a civil court order, verdict, or judgeme of competent jurisdiction in this state, any other state, th jurisdiction?	• • • •		□No
l .	ease attach a letter of explanation for any Yes and te of conviction, civil judgement or order, county			
De	eclaration of Applicant			
que une are	t the personal information I have provided in this applications in the foregoing application and have answered the der penalty of perjury under the law of the state of Washing true and correct. Should I furnish any false information in use for the denial, suspension or revocation of my timeshal	em completely, and pursuant to RC ton that my answers and all statem this application, I hereby agree that	have carefull W 9A.72.085, ents made by	ly read the , I declare me herein
l .	nderstand that any timeshare sales activity conducted prior t, RCW 64.36.	to licensure is a violation of the law r	elating to the <sup>-</sup>	Timeshare
As pro Ac Tin	required by the Timeshare Act (RCW 64.36), I, the undersing ceeding, naming me as a defendant, in which the allegations, may be served upon me by delivery to the Director of the Emeshare Section, P.O. Box 9026, Olympia, Washington 989 salesperson.	ns therin arise under any of the prov Department of Licensing, Business a	visions of the <sup>r</sup> nd Profession	Timeshare is Division,
	<u>,                                    </u>	X		
		SIGNATURE OF APPLICANT		
	Ι	Dated thisday of	, , _	
	ō	DITY STAT	E	
En	nployer Notification			
Pu	rsuant to RCW 9A.72.085, I declare as true and correct th	at we propose to employ		
	as a timeshare salesperson effective	e this day of	,	
	<u>)</u>	ROMOTER'S SIGNATURE		
	$\overline{7}$	YPED OR PRINTED NAME		
		ITY STATI		